



REQUEST FOR REPLACEMENT LICENSE NON-REFUNDABLE \$10.00 FEE

SECTION A: LICENSEE INFORMATION (Incomplete forms will not be processed)

License Type

- ☐ Cosmetologist
☐ Barber
☐ Electrologist
☐ Manicurist
☐ Esthetician
☐ Establishment

License Number

Letter(s)

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Numbers

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Last 4 digits of your Social Security Number

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Not required for establishments

Date of Birth

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Month

Day

Year

Not required for establishments

Last Name

First Name

Middle Name

Salon Name (if applicable)

If your address has changed do you want the Board to update our records with your current address? ☐ Yes ☐ No

Current Address

City

State

Zip Code

Phone Number

()

Email Address (not required)

SECTION B: REPLACEMENT INFORMATION

I hereby request a replacement license because:

- ☐ My license was lost, stolen or destroyed.
☐ My license has been mutilated to such an extent that it is no longer useable.
☐ I did not receive my renewal license in the mail.

Explanation of circumstances: _____

SECTION C: LICENSEE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant

Date